

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
APR - 4 2011

RECEIVED
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

CITY OF DUARTE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

REYES

PHILLIP

ROBERT

1. Office, Agency, or Court

Agency Name

CITY OF DUARTE

COUNCIL PERSON

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of DUARTE ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Assuming Office: Date
☐ Leaving Office: Date Left
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is through the date of leaving office.
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- ☒ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

5. Verification

Date Signed

1 APRIL 2011
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

PHIL REYER

1. BUSINESS ENTITY OR TRUST

Name *PHIL REYER ASSOCIATES*
Address (Business Address Acceptable) *2918 TRICKLE CREEK DRIVE 91010*

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

PUBLIC AFFAIRS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

2/1/10 *1/1/10*
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION *OWNER*

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

10 *10*
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

10 *10*
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold *Yrs. remaining* ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

10 *10*
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold *Yrs. remaining* ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name PHIL BEYER

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

_____ *Street address*

_____ *City*

☐ Guarantor _____

☐ Other _____

(Describe)

FPPC Form 700 (2010/2011) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

PHU KENG

NAME OF SOURCE

REPSI CO

ADDRESS (Business Address Acceptable)

PURCHASE, NEW YORK

BUSINESS ACTIVITY, IF ANY, OF SOURCE

NALCO CONFERENCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6/22/10 \$ 400 REG. FEE

6/22/10 \$ 150 GOLF TOURNEY

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>PHU NGUYEN</i>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <i>NALEO</i>	
ADDRESS (Business Address Acceptable) <i>LOS ANGELES, CA</i>	
CITY AND STATE <i>ENERGY CONFERENCE</i>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <i>4/24/10 - 4/24/10</i> AMT: \$ <i>650</i> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <i>ATTENDEE COMP IN HOUSTON ON ENERGY</i>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____